Combating HIV/AIDS and TB in Eastern Europe and Central Asia: The World Bank Response

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ECA Region

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Overview

• Update on HIV and TB Epidemics in Eastern Europe and Central Asia (ECA)
• Bank’s efforts since 2004
• Lessons Learned from Bank work in ECA
I. Update on HIV/AIDS Epidemic in ECA
Epidemics of HIV/AIDS and TB continue to spread in some countries, particularly in the FSU, despite known prevention and control interventions.

The expected increase in TB incidence due to the current HIV/AIDS epidemic in Eastern Europe can undermine the effectiveness of current TB control efforts because of the potential threat of the HIV/AIDS and MDR-TB pandemics overlapping.

HIV and TB do not respect national borders. No effective control of HIV and TB in ECA is possible without better control regionally and globally.
Key facts about HIV/AIDS epidemic in Eastern Europe and Central Asia

- A steep regional increase in new HIV infections and AIDS-related deaths: in ECA, the number of people living with HIV almost tripled between 2000 and 2009. An estimated 1.4 million [1.3 million–1.6 million] people were living with HIV in 2009 compared to 530 000 [470 000–620 000] in 2000.

- AIDS-related deaths continue to rise in the region: an estimated 76 000 [60 000–95 000] people died from AIDS-related causes in 2009 compared to 18 000 [14 000–23 000] in 2001, a four-fold increase.

- The Russian Federation and Ukraine together account for nearly 90% of newly reported HIV infections.

- Ukraine has the highest adult HIV prevalence in all of ECA, at 1.1% [1.0%–1.3%]. Annual HIV diagnoses in Ukraine have more than doubled since 2001.

- Between 2000 and 2009, the HIV incidence rate increased by more than 25% in five countries in the region: Armenia, Georgia, Kazakhstan, Kyrgyzstan and Tajikistan.
# ECA is experiencing one of the fastest growing epidemics in the world

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children with HIV/AIDS</td>
<td>760,000</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Number of women with HIV/AIDS</td>
<td>144,900</td>
<td>574,000</td>
</tr>
<tr>
<td>Adults and children newly infected with HIV</td>
<td>240,000</td>
<td>130,000</td>
</tr>
<tr>
<td>ECA-wide adult prevalence (%)</td>
<td>0.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Adult and child deaths due to AIDS</td>
<td>18,000</td>
<td>76,000</td>
</tr>
</tbody>
</table>

UNAIDS/WHO, AIDS Epidemic Update, 2010
IDU is still the predominant way of HIV transmission in ECA
Injecting drug use, sex work and sex between men are key modes of HIV transmission

- The HIV epidemics in Eastern Europe and Central Asia are concentrated primarily among people who inject drugs, sex workers and, to a lesser extent, men who have sex with men.
- One fourth of the region 3.7 million injecting drug users are living with HIV.
- As the HIV epidemic spreads from people who inject drugs (predominantly male) to their sexual partners, the proportion of women living with HIV in the region is growing: by 2009, women represented 42% of people living with HIV in ECA.
- Almost 1/3 of newly diagnosed infections in the region are among people aged 15-24.
Other risk factors driving the spread of HIV in ECA

- Major drug trafficking routes run through several Central Asian countries
- Prison systems have some of highest HIV-TB prevalence
- Economic and labor migrants are potential transmitters of HIV among general population
- Close link between HIV and resurgence of TB in the region
- Blood safety issues also contributing to new HIV infections, particularly in Central Asia

• II. Update on TB Epidemic in ECA
Estimated TB Incidence rate, by country, 2009

Estimated TB incidence rates, by country, 2009

- Estimated new TB cases (all forms) per 100,000 population
- Legend:
  - 0–24
  - 25–49
  - 50–99
  - 100–299
  - ≥300
  - No estimate
Key facts about TB epidemic in Eastern Europe and Central Asia

• Even in countries with a relatively low burden, there has been a reversal of the previous decline. Therefore, MDG 8 for 2015 will not be reached on time.

• In the ECA region, percentage of deaths (62,000 individuals in 2009 out of 560,000 estimated prevalence), and treatment failure rates are comparatively higher than in any other region.

• Social and economic factors and migration are influencing the spread of TB in ECA.

• Poor adherence to accepted TB control practices has created high levels of man-made multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).

• In ECA, TB is the most prevalent cause of illness and mortality in people with HV/AIDS.
High variability of TB estimated incidence across ECA countries, 2009

47/100 000 - overall Regional TB incidence

• 13/100 000 - EU-15 countries
• 25/100 000 - EU countries of 2004 enlargement
• 103/100 000 - other countries bordering EU
• 150/100 000 –Russian Federation
MDR-TB in the world, estimates 2009: the top 14 sites are in the European Region

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Kazakhstan</td>
<td>14.0</td>
</tr>
<tr>
<td>Estonia</td>
<td>15.0</td>
</tr>
<tr>
<td>Armenia</td>
<td>09.4</td>
</tr>
<tr>
<td>Moldova</td>
<td>18.9</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>22.0</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>14.0</td>
</tr>
<tr>
<td>Russian Fed.</td>
<td>16.0</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>12.0</td>
</tr>
<tr>
<td>Ukraine</td>
<td>16.0</td>
</tr>
<tr>
<td>Latvia</td>
<td>12.0</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>17.0</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>12.0</td>
</tr>
<tr>
<td>Georgia</td>
<td>06.8</td>
</tr>
<tr>
<td>Belarus</td>
<td>12.0</td>
</tr>
<tr>
<td>China</td>
<td>05.7</td>
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</tbody>
</table>

Estimated ~ 81 000 MDR-TB cases per year in the European Region

18 high-priority countries for TB control in ECA

Number of new estimated TB cases indicated by the size of the bubble

1. Armenia
2. Azerbaijan
3. Belarus
4. Bulgaria
5. Estonia
6. Georgia
7. Kazakhstan
8. Kyrgyzstan
9. Latvia
10. Lithuania
11. Moldova
12. Romania
14. Tajikistan
15. Turkey
16. Turkmenistan
17. Ukraine
18. Uzbekistan

211,000
A clear gradient East-West of HIV and TB epidemics

TB NOTIFICATION RATES PER 100,000 POPULATION across the ECA Region

WHITE=<11
LIGHT BLUE=11-20
BLUE=21-50
DARK BLUE=>50
Vast inequities in disease burden among rich and poor

III. Our Efforts Since 2004
Key Global Trends in HIV since 2004

- Epidemic and country needs have changed. Critical achievements in reduction of mortality and incidence in some high prevalence countries.
- More financial resources available from other donors, but greater need for effective and efficient use of resources
- AIDS integration in national planning processes not yet accomplished in most countries
- Need to apply what we have learned and continue learning and knowledge sharing
Since early 2000s, other donors are financially more significant than WB: total AIDS funding commitments 2001-2005

[Graph showing financial commitments from World Bank, Global Fund, and PEPFAR from 2001-2005]

Centre for Global Development (2007). A Trickle or a flood; commitment and disbursements from the Global Fund, PEPFAR and The World Bank’s Multi-Country AIDS Program
The WB Global HIV/AIDS Program: Work closely with partners for stronger, harmonized AIDS responses

**Key Action Areas**

1. Sustained funding for HIV/AIDS programs & health sector
2. Support stronger strategic, prioritized national planning
3. Accelerate implementation
4. Build monitoring and evaluation systems & capacity
5. Impact evaluation and analytic work to improve HIV/AIDS knowledge and improve programs
Key Global Trends in TB since 2004

• Globally, the percentage of people successfully treated for TB has reached its highest level, at 86%,
• Of the 22 countries worldwide with the highest TB burden, 13 of them are on closing in on their MDG 6 TB targets.
• Several donors contributing through the STOP TB Partnership, and other programs:
• Main contributors:
  – National (government);
  – International : Multilaterals; Global Fund to Fight AIDS, TB and malaria; World Bank; UNITAID; WHO;
  – Bilaterals (USAID; DFID; other bilaterals)
Recent significant increase in R&D for TB, mainly financed by US NIAID, NIH  
Bill & Melinda Gates Foundation

<table>
<thead>
<tr>
<th>Year</th>
<th>Total TB R&amp;D investment</th>
<th>Change over previous year ($)</th>
<th>Change over previous year (%)</th>
<th>Change over 2005 (%)</th>
<th>2005 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>$357,426,121</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>$417,824,708</td>
<td>$60,398,587</td>
<td>16.9%</td>
<td>$60,398,587</td>
<td>16.9%</td>
</tr>
<tr>
<td>2007</td>
<td>$473,920,682</td>
<td>$56,095,974</td>
<td>13.4%</td>
<td>$116,494,561</td>
<td>32.6%</td>
</tr>
<tr>
<td>2008</td>
<td>$491,476,917</td>
<td>$17,556,235</td>
<td>3.7%</td>
<td>$134,050,796</td>
<td>37.5%</td>
</tr>
<tr>
<td>2009</td>
<td>$619,123,407</td>
<td>$127,646,490</td>
<td>26%</td>
<td>$261,697,286</td>
<td>73.2%</td>
</tr>
</tbody>
</table>
THE WORLD BANK RESPONSE TO CONFRONT HIV/AIDS AND TB

Global
• US$ 3,155 million across 75 projects
• HIV/AIDS components of these projects equal to US$ 1,662 million
• Total investments on TB control are more than US$560 million, including projects in India and China

ECA
• US $240.5 million across 4 projects:
  • Central Asia AIDS Control (US$25 mln)
  • Russia TB and AIDS Control Project (US$150million);
  • Ukraine TB and AIDS Project (US$60 million)
  • Moldova AIDS Control Project (US$5.5 million)
Examples of Successes in TB/HIV/AIDS Control Projects


• Before project TB control program was highly centralized and relied heavily on mass X-ray screenings. 1.1 million people developed TB between 1995 and 2004
• Ministry of Health and Social Development prepared new prevention, treatment and care standards, guidelines and protocols for adoption at the national level, based on DOTS approach
• Strengthened laboratory capacity in civilian and prison system health facilities, with focus on primary care; 24,000 personnel trained, surveillance and reporting systems improved across the country, 42,000 units of modern lab equipment procured; anti-TB first line drugs procured (US$ 19.3 million)
• Supported scaling up of treatment; 44% of people requiring treatment were receiving it by end of 2004; increased to 75% by end of 2008. Treatment success up to 60 percent, lower than expected because of surge in MDR-TB
• Leveling off or 5% decrease in new TB cases
• 25 percent decrease in TB mortality, compared to 2005. In prisons mortality dropped by 35 percent
• 60 percent of HIV patients received ARV by 2008
A Failed Effort: Ukraine TB & HIV/AIDS Project

Delays at every stage:
• Preparation in 1999,
• Effective in 2004,
• Suspension in April 2006;
• Suspension lifted after six months (Nov. 2006)
• Closing date extended from June 2007 to Dec. 2008
• Closed in 2009 with large amounts undisbursed.

Major issues/causes:
• Lack of agreements within the government on the fundamental aspects of project implementation, including the basic approach to TB treatment and the ways to reach the most vulnerable groups at risk of HIV/AIDS;

• Low capacity in project management including conducting procurement and M&E

• Unstable political environment and lack of continuity, frequent changes of ministers, deputy ministers and the project director.

• Frequent changes in World Bank preparation and supervision teams
Analytical work is a key part of our engagement—some examples

• HIV/AIDS Control in prison systems in the Former Soviet Union: Current status and future options

• Assessment of best practices in HIV/AIDS Harm Reduction Programs among civilian population and prisoners in the Russian Federation (in partnership with Open Health Institute)

• Study of the Economic Impact of HIV/AIDS in Ukraine

• HIV/AIDS in the Western Balkans: Priorities for Early Prevention in a High Risk Environment

• Truck Drivers and Casual Sex: An Inquiry into the Potential Spread of HIV/AIDS in the Baltic Region

• Reversing the Tide: Priorities for AIDS Prevention in Central Asia

• Combating HIV/AIDS in Europe and Central Asia
Analytical work (cont.)

- Support to strengthen governments’ capacity to monitor financial flows for HIV/AIDS
- Benchmarking performance of 15 FSU countries in the area of HIV/AIDS Control
- Georgia Transport Sector and HIV/AIDS:
- Assessment of Safety of Blood Banks in Central Asia (in conjunction with US CDC).
- Safety of Blood Transfusion Services in Azerbaijan,
- HIV study on mobile workers in Turkey.
- Lessons learned under the Russia TB/AIDS Control Project
Leveraging impact through partnership

- Joint United Nations Programme on HIV/AIDS (UNAIDS):
  - World Bank is founding member and financial partner
  - “division of labor” in operational and analytical work; **trust fund helps fund HIV/AIDS of World Bank ECA Team**

- The Global Fund to Fight AIDS, TB and Malaria (GFATM):
  - World Bank acts as a trustee and non-voting, ex-officio partner of the Fund

- World Health Organization (WHO):
  - Evidence-based technical advice and assistance for TB and HIV/AIDS control

- Stop TB Partnership:
  - World Bank is a founding member

- United Nations Office on Drugs and Crime (UNODC):
  - Harm reduction measures, especially illicit drug trade and prisons

- European Center for Disease Prevention and Control (ECDC)

- United States Centers for Disease Control and Prevention (CDC)

- European Union (EU)

- Private sector partners: corporate and NGO: Transatlantic Partners Against AIDS (TPAA), Prince of Wales Foundation, Open Health Institute
Lessons Learned

- Political and sectoral commitment is key
- Donor collaboration and coordination, led and owned by national authorities is vital
- Strengthening country capacity in governance and accountability, coordination and implementation required
- Countries must know the drivers of their epidemics: in ECA, priority to be placed on the development of prevention services for members of vulnerable groups such as intravenous drug users, commercial sex workers, men who have sex with men, and prisoners
- Need to show results and build M&E capacity
- Integration of HIV/AIDS and TB in national planning is critical
- Cross border approaches to address the “public goods” nature of the epidemics are needed (example of the CA project)
  - Governments, private sector, civil society, PLWHA, communities all have important roles
Challenges in HIV/AIDS prevention and control in ECA

- National HIV/AIDS planning not strategic, prioritized
- Prevention efforts need to be scaled up and sustained
- Stigma & discrimination, denial, silence persist
- Weak health systems: Management and implementation constraints
- Expanding access to treatment raises issues: equity, sustainability, and adherence
- Donors could do better to avoid duplication and exploit synergies of their efforts
Challenges in TB prevention and control in ECA

- **Access** (DOTS population coverage to be further improved)
- **Health system infrastructure** (over-hierarchical, segmented institutions, poor standards of care)
- **Drug resistance** (top 14 countries with highest multi drug resistant TB prevalence in the world are in the European Region)
- **HIV epidemic** (expect more TB cases!)
- **Prisons** (overcrowded, poorly equipped)
- **Awareness of TB** (distorted by stigma and prejudices among people and policy makers)
How can the World Bank help ECA countries overcome these challenges?

By implementing the Bank’s new HNP strategy

- The new strategy emphasizes the need to focus on the Bank’s comparative advantages in:
  - Health systems strengthening
  - Multisectoral engagement
  - Cooperation with global partners to ensure country-level collaboration

- Focus on health systems, capacity building, and multisectoral synergies will improve country capacity to respond to HIV/AIDS and TB
Why focus on health systems strengthening?

• Strengthening health systems is essential but it is not a result in itself. Success in systems-strengthening cannot be claimed until the right chain of events on the ground prevents avoidable deaths and extreme financial hardship due to illness; without results, health system strengthening has no meaning. However, without health system strengthening, there will be no results.

• Working ‘cross-sectorally’ is imperative to saving lives and improving the quality of health of the world’s poor—having health ministries, their local departments, and their international aid donors work more closely together with other strategic government ministries to achieve better health results within countries.
Conclusion

• While there is global progress on HIV/AIDS as evidenced by UNAIDS and WHO assessments, much still remains to be done by the countries, together with development partners if we are to get closer to the MDG of halting and reversing the dual TB and HIV/AIDS epidemic worldwide.

• There are no quick solutions to the development challenge posed by these conditions, or to reversing these relentless and mutually-reinforcing epidemics.

• We need to sustain a strong commitment to TB and HIV/AIDS prevention, care and treatment in the medium and long terms.
Thank you!